

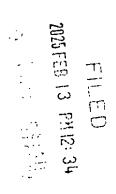
equestor's Name)	
dress)	
idress)	
ry/State/Zip/Phone	e #)
☐ WAIT	MAIL
siness Entity Nan	ne)
cument Number)	
_ Certificates	of Status
Filing Officer:	
J. HOF	
	dress) dress) y/State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates Filing Officer:

Office Use Only



800442651998

02/14/25--01002--008 **25.00



2025 FEB 13 FH 4: 1)3

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Freedom Wave Detailing LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Harley Kangas Name of Person
Freedom Wave Defailing LLC
1118 SE 36th St.
Cape Coral, FL 33904 City/State and Zip Code
Harley @ Freedomwavedetailing. Com E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Harley Kangas at (513) 785-9995 Name offerson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2025 FEB 13 PM 12: 34

Freedom Wave Detailing LLC		
(Same of the Limited Liability (A Florida L.	Company as It now appears on our records. imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number 125000055488	npany were filed on 1/31/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· - · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	ride
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
Owner	Harley Kangas	1118 SE 36th St	
		Cape Coral, Florida 33904	□ Remove
			□Change
Sec	Kelly Hover	1118 SE 36th St.	⊞Add
		Cape Coral, Florida 33904	Remove
			□ Add
			☐Remove
			□Add
			□Remove
			☐ Change
			DAJd
			□ Remove
			Change
			DAdd
			Петоvе
			Change

•		
D. If am	ending any other information, enter change(s) bere: (Attach additional sheets, if necessary.)	
,		
•		
•	<u> </u>	
-		
-		
•		
-		
•		
•		
·		
Note:	(optional) fective date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the date on the Department of State's records.	0207 (3)(b) d as the
record is f		the
Dated	Harloy Kangas Signature of a member or authorized representative of a member	